



Cloncurry Shire Council

FRM – COR1029-02

FORM 2 - APPLICATION FOR PLAQUE

Particulars of Inscription required on Plaque. **TICK** (i.e.) Inscription required in detail 1, 2, 5 and 8.

PLAQUE DETAILS

1	<input type="checkbox"/> Celtic Cross	<input type="checkbox"/> Latin Cross	<input type="checkbox"/> Other Emblem (extra cost)
2	<input type="checkbox"/> "In Loving Memory of" (or)	<input type="checkbox"/> "In Memory of"	
3	Additional inscription (if required, at extra cost):		
4	Name of deceased:		
5	<input type="checkbox"/> "Who Passed Away" (or)	<input type="checkbox"/> "Who Died"	
6	Date of Death:		
7	Age of Deceased:		
8	<input type="checkbox"/> "At Rest" (or)	<input type="checkbox"/> "RIP" (or)	<input type="checkbox"/> "Peace" (or) <input type="checkbox"/> "in God's Care"
9	Grave description:		
	Portion:	Plot:	Grave No: <input type="checkbox"/> Memorial Wall (General Cemetery)
			<input type="checkbox"/> Memorial Wall (Lawn Cemetery)

APPLICANT DETAILS

Full Name:	
Address:	
Phone (Home) No:	Phone (Mobile) No:
Applicant Signature:	Date:

OFFICE USE ONLY

Received By (Council Employee Name):	
Invoice No:	Receipt No:
Date:	
Amount: \$	
Employee Signature:	